

COMMONWEALTH of VIRGINIA

COMMISSIONERS VERNON M. DANIELSEN, CHAIRMAN WARREN E. BARRY ESTHER H. VASSAR

Department of Alcoholic Beverage Control

2901 HERMITAGE ROAD P. O. BOX 27491 RICHMOND, VIRGINIA 23261 (804) 213-4400 FAX: (804) 213-4411 TDD LOCAL (804) 213-4687

CHIEF OPERATING OFFICER / SECRETARY TO THE BOARD W. CURTIS COLEBURN. III

July 31, 2003

TO: ALL APPROVED VIRGINIA ABC COMMON CARRIERS

RE: MONTHLY REPORTING

All approved Virginia ABC Common Carriers are required to file a monthly report on forms prescribed by the Board. The report is to be filed with the Virginia Department of Alcoholic Beverage Control, Attention: Tax Management Section, P. O. Box 27491, Richmond, Virginia 23261-7491, along with a signed copy of all invoices delivered to recipients in Virginia during the preceding month. This report shall be postmarked no later than the fifteenth of the month or, if the fifteenth is not a business day, the next business day thereafter. ABC Common Carriers shall report the quantities of wine and/or beer delivered into or within the Commonwealth. Such report shall also include the name and addresses of the purchasers to whom wine and/or beer was delivered.

Board approved Common Carriers shall refuse delivery when the proposed recipient appears to be under the age of 21 years and refuses to present valid identification.

Enclosed are copies of the monthly tax report forms for your use. This report may be duplicated using the same format. If you wish to make changes to these forms, please contact this office for approval before using.

If you have any questions, please contact this office at (804) 213-4555 or (804) 213-4556.

Sincerely

Ernestine Mack, Mahager

Bureau of Law Enforcement Operations

Tax Management Section

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Encl.

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL COMMON CARRIER'S REPORT

			Name Trading as			A.B.C. Common Carrier No.								
chmond, Virgin Virginia during	ia, 23261-7491, the preceding m	along with a signed copy of all invoices delivered to recipients nonth. This report shall be postmarked no later than the	Address City or Town and State			Report for the month of								
eenth of the m	onth or, if the fift	eenth is not a business day, the next business day thereafter.				Year								
Date	Invoice	Virginia Name	Resident Shipped To Compete Address	Product Type	No. of	Wine or Cider Size in Total		No. of	Beer Bottle Total		Shipper's License	Shipper's Name		
Shipped	Number			W/ B/ C	Bottles	Liters	Liters	Bottles	Size	Ounces	No.			
wear (or aff	irm) that this	report has been examined by me, and, to the												
(o. a	,	opening acon examined by me, and, to the												

best of my knowledge and belief, is a true and complete report made in good faith for the period as stated, pursuant to the ALCOHOLIC BEVERAGE CONTROL ACT and regulations of the Virginia A.B.C. Board.

Signed ______

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL COMMON CARRIER'S REPORT

Report for the month of	
ABC Common Carrier No.	

		Virginia Resident Shipped To			V	Wine or C	Cider	Beer		1	
Date	Invoice		Street and No.	Туре	No. of	Size In		No. of	Bottle	Total	Shipper's
Shipped	Number	Name	City, State & Zip Code	W/B/C	Bottles	Liters	Total Liters	Bottles	Size	Ounces	License No.
				Total Num	Total Number of Wine Liters			Total No. of Beer			
					Total Number of Cider Liters			Ounces	Ī		
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